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CONFIRMATION NO. 5966

SERIAL NUMBER 10/042,179	FILING OR 371(c) DATE 01/11/2002 RULE	CLASS 709	GROUP ART UNIT 2155	ATTORNEY DOCKET NO. 03493.00298
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## APPLICANTS

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## \* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/269,354 02/20/2001 and claims benefit of 60/269,861 02/21/2001

Yes *lu*

## \* FOREIGN APPLICATIONS \*\*\*\*\*

No *lu*

F REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 02/11/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 9	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 5
5 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>lu</i>				

## ADDRESS

6652

## TITLE

ENHANCED CHANNEL ACCESS MECHANISMS FOR AN HPNA NETWORK

FILING FEE RECEIVED 1394	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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